



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Department of Corrections	
Department Contract Administrator or Grant Coordinator:		Sonja Charest	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 350,000.00	Advantage CT / RQS #:	20240129000000002090
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		The Opportunity Alliance, 50 Lydia Lane, South Portland, Maine 04106	
Brief Description of Goods/Services/Grant:		Hi-Fidelity Wraparound Services & Flex Fund Administration	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The department is in need of hi-fidelity wraparound services in juvenile region one and two to connect with youth leaving secure confinement to provide intensive support to reduce potential recidivism.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Opportunity Alliance is one of two providers in the state that provide this service. The other provider is located in the northern part of the state (Region 3) and not capable of serving youth in Region 1 and parts of Region 2. Opportunity Alliance is uniquely qualified to provide these services given their experience with DOC and executing the services, as well as their geographic location related to the departments specific need. The provider is uniquely positioned to administered Flex Fund Dollars through the Regional Community Care Teams, which reviews youth reentering the community from secure confinement, due to policies and procedures already in place and mechanisms to administer flex fund dollars.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The department and provider negotiated costs and found they were consistent with previous years for hi-fidelity wraparound and administrative overhead for flex fund administration. \$330,000 will be used for hi-fidelity wraparound services, \$18,000 will be for the flex fund, and \$2,000 will be for administrative overhead for the flex fund.

4. Describe the plan for future competition for the goods or services.

The provider is one of two providers in the state that can provide this service. If more providers can provide this service in the future, an RFP will be issued.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?


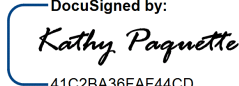
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Christine Thibeault	Date:	4/2/2024
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/20/2024